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ABSTRACT

A session by session cognitive behavioral approach to group treatment for college age children of alcoholics was presented. Four groups ranging in size from four to eight persons participated in these semester-long sessions offered during one academic year through the counseling center at a major midwestern university. The treatment was comprised of four stages: introductory, informative, working, and closing. Cognitive, behavioral, and affectively oriented techniques were used to facilitate growth at each stage. Assessment of efficacy utilized a pretest/posttest design. Participants (N=25), aged 18 to 31 and with a mean age of 21, were given a seven-point Likert-type scale based on Woititz's 13 characteristics. Analysis of data indicated a reduction of scores on the 13 characteristics between the beginning and the ending of treatment for all groups. Participants' ratings indicated a general perception of helpfulness. The majority of participants said that they would either seek out another Adult Children of Alcoholics (ACOA) group or would continue with some type of therapy. College age, young adulthood, is an especially challenging time in terms of developmental changes and their implications for a healthy adult life. The results indicated that all groups were successful in reducing their scores on Woititz's scale. The counselor at the college level must provide resources for students to resolve these difficult developmental issues, and for the college age child of an alcoholic home the challenge is even greater. (ABL)

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A model for the treatment of college age children of alcoholics

Abstract

A session by session cognitive behavioral approach to group treatment for college age children of alcoholics is presented. Four groups, over the course of two semesters, participated in this program. The treatment is described as comprised of four stages: introductory, informative, working and closing. Cognitive, behavioral and affectively oriented techniques used to facilitate growth at each stage are described.

Assessment of efficacy utilized a pre-test/post-test design. Participants were given a seven point Likert type scale based on Woititz' 13 characteristics. Spring groups were also asked to rate the helpfulness of their group on a seven point scale and to state whether or not they would either seek another ACOA group in which to participate or request further therapy.

Data were presented in terms of means for pre-test, post-test and the change between the two scores. These data indicate a reduction in scores on the thirteen characteristics between the beginning and the ending of treatment for all groups. In terms of perceived helpfulness, participants gave a mean rating of 5.75 out of a possible seven points, indicating a general perception of helpfulness. The majority of participants said they would either seek out another ACOA group or would continue with some type of therapy.

There are few ACOA group programs presented in the literature that also include efficacy measures whether for youth, adolescence or adulthood. College age, young adulthood, is an especially challenging time in terms of developmental changes and their implications for a healthy adult life. The counselor at the college level must provide resources for students to resolve these difficult developmental issues, and for the college age child of an alcoholic home the challenge is even greater. The program presented here may provide an impetus for other innovative programs and for continued efficacy research.

A model for the treatment of college age children of alcoholics

Over the past ten years a number of mental health professionals have become interested in adult children of alcoholics as a special population with special needs. Much has been written about the struggles that people encounter growing up in alcoholic families (Black, 1981; Beattie, 1989; Woititz, 1983; Woititz, 1985). Despite the amount of literature that has been written about adult children of alcoholics, very few researchers have studied the effectiveness of individual or group counseling interventions with this special client population (Roush & DeBlassie, 1989). To date only two studies have actually demonstrated the efficacy of group counseling with this population (Klinefelter, 1982; Roush & DeBlassie, 1989). Most of what has been written about interventions with this population is descriptive in nature and does not include evaluative measures. Landers and Hollingdale (1988), for example, present an excellent session by session description of their work with college age children of alcoholics, however the conclusions about effectiveness are subjective on the part of the group facilitators.

It is clear that this population presents special challenges to the mental health professional. Individuals who have grown up in an alcoholic family are indeed survivors (Ackerman, 1984). Yet not all individuals are affected in the same way (Goodman, 1987), some having very negative experiences that have lifetime ramifications, and some having positive experiences that appear to leave them unscarred. The age at which an individual begins to explore his or her alcoholic family experience may help to mediate whatever ramification there are. The present paper is both a description of treatment groups designed for college age children of alcoholics (CA/COA) and an evaluation of the effect of group participation on their perceptions of personal dysfunctional characteristics.

Estimates of the number of adult children of alcoholics in the United States vary. In 1985 the National Institute on Alcoholism stated that there were 21 million. According to Claudia Black in 1986 there were about 34 million. Berkowitz and Perkins (1987) stated that at least one

out of five college students has an alcoholic or drug abusing parent. Regardless of which statistic is correct, it is abundantly clear that the population is large and that colleges and universities must attend to the needs of this group.

The dysfunctional effects of growing up in an alcoholic family have been described by writers such as Woititz (1983) Black (1981) and many others, especially in recent years since this population has come to the attention of the mental health community. Despite the surprising lack of empirical validation, the characteristics of adult children of alcoholics appear to have some consistency. This population has been described as self-critical, overly responsible and serious, perfectionistic, controlled, honest and committed (Woititz, 1983). They may hold irrational beliefs about themselves and their situation given their paucity of past positive experiences. They may struggle with issues of trust, expression of feelings and low frustration tolerance (Downing & Walker, 1987), self-focus, and poor self concept (Cermack, 1986).

According to Claudia Black (1981), he National Association of Children of Alcoholics indicated that this population was prone to learning disabilities, eating disorders, stress related illnesses, and compulsive achieving. They go on to indicate that dysfunctional characteristics can persist into adulthood: leaving the person with an inability to trust, extreme need to control, excessive sense of responsibility, and denial of feelings. The college age and the college setting can provide an ideal time and place for young people to begin to recognize and change some of these dysfunctional characteristics. College is often a stressful time and thus provides some unique developmental experiences. Many students struggle with issues of identity, autonomy and intimacy (e.g. Erickson, 1950) and many also struggle with separation issues. These issues are made more complicated when the student comes from a family where attachment boundaries have been unstable and co-dependency has been a feature of the parent/child relationship (Black, 1981; Beattie, 1989).

Another separation issue for many college students, and made more difficult for the CA/COA, relates to continued financial dependence on their parents. Many students feel they are not in a position to break away from parents' rules and expectations when they are relying on

them for financial support. For the CA/COA the rules and expectations of the family may be based in dysfunctionality and for the student to grow and develop in a healthy way becomes a double bind with the economic ability to continue in college.

College age is also a time for exploring and developing intimate relationships. According to Erickson (1950), trust, a necessary condition for healthy intimacy, is an outgrowth of consistency and sameness. For many CA/COAs the environment of childhood has been unpredictable and capricious making is difficult for the young person to develop trusting and close relationships. Many students who enter counseling struggle with intimacy and tend to view it as one of their primary concerns. It seems important therefore, for the CA/COA to experience interpersonal success early on in order to avoid developing a pattern of failed relationships.

Although college age is a time for sophomoric thinking, it is also a time for genuinely deep self exploration. At this point in their lives, students begin to explore their roots, their strengths and weaknesses and to develop a philosophy of life. Students at this age may still be flexible enough to make substantial changes in their behavior and thinking that will alter what might otherwise become an unhappy life. Participating in group counseling with others who share a common background may be one way of developing functional patterns through cognitive understanding and behavior feedback. Coming to realize that one's alcoholic family experiences are shared by others, and that one is not alone in that particular type of unhappiness can have an immediate and positive effect on the student who has never felt able to share those feelings and experiences before.

The counseling groups described here used a variety of cognitive/behavioral and experiential methods to bring about behavior change and self awareness. A pre-test/post-test design was also used to determine whether participants viewed themselves differently at the end of their group therapy. The following is a description of the method of selection of participants, stages of the groups with appropriate interventions, and the evaluation process along with the results.

Method

Four Adult Children of Alcoholic groups were offered through the campus counseling center at a major midwestern university, two in the fall and two in the spring. Prior to offering these groups the two facilitators agreed upon a variety of interventions, to be described later, which had appeared to work well in other group situations with similar populations. A general outline was devised which was to be followed by both group facilitators to help insure some amount of consistency between the four groups, recognizing that each group will have some unique characteristics depending upon the individuals of which it is comprised.

As a preliminary step the groups were advertised in campus and local newspapers. In addition, these groups were described in fliers which also included information about other types of groups offered by the campus counseling center. Prospective group members were also referred by other counseling psychologists both at the counseling center and from the community. As individuals were referred for group participation each person was interviewed and screened by one of the two facilitators to insure they would be appropriate. Each individual was administered the Children of Alcoholics Screening Test (Jones, 1984, 1985). To qualify as a COA the individual must receive a score of 6 or higher, which was received by all group participants. Which group each member chose was determined by the student's availability schedule, no other assignment criteria were used. The fall groups had four and six participants respectively, and the spring groups had seven and eight participants respectively. There was a fairly equal balance of men and women in each group and the ages ranged from 18 to 31, with a mean age of 21. There was one individual who was 31 and one who was 28, aside from that all group members were in their late teens or very early 20's. All members were Caucasian. After interviewing the two age divergent clients it was decided that their issues were similar enough to the younger group members that they would not appear to be developmentally different and would therefore fit in.

Group meetings were held once a week for two hours and individuals were committed to attend all sessions unless there was an emergency reason for absence. Groups continued for approximately twelve weeks of each semester.

Treatment Model

The CA/COA groups described here were comprised of four stages: the introductory stage, which included sharing personal history and setting goals to be accomplished through the group work; the informative stage, which included the teaching of basic information about children of alcoholics; the working stage, which involved the exploration of the ways in which patterns of behavior learned in childhood continue to affect current life situations; and finally the closing stage which involved a summary of what was presented, goals that had been met, or unmet, plans for the future and a healthy disengagement from the group. Each stage is presented and described in more detail in the following section.

Introductory Stage

Initially group members were asked to introduce themselves and to disclose facts about their family with which they felt comfortable at that point. Since many dysfunctional families appear to have rules that prohibit discussing family matters (Black, 1981) it was recognized that immediate and in depth self disclosure might not be forthcoming. However as some individuals revealed a few important details more individuals were prompted to reveal difficult information. During the first group meeting a brief instrument, a Likert type scale using the thirteen characteristics Woititz (1983) described for ACOAs, was administered. The items on the scale (see table 1) prompted group members to further discussion and further revelation about family situations. Since the two main goals of this stage were to introduce themselves as CA/COAs and to establish personal goals for their time spent in the group, the next task was to ask each member to write down what he or she wanted to accomplish during the semester with respect to personal growth. Goals were stated in terms of behavioral changes and were kept manageable. It was considered important that group members see positive changes thereby encouraging them

to continue working on these issues after the group had terminated. The introductory stage took approximately two weeks to complete.

Informative Stage

The task of this stage was to provide information about being the child of an alcoholic parent; the effects of development of healthy or unhealthy behaviors and the characteristics of family life, such as the rules of non-communication (Black 1981) and the roles played in a family proposed by Wegscheider (1981). To accomplish this a variety of handout material was prepared which included information on the characteristics of children of alcoholics and issues related to co-dependency. A video was also shown: "Children of Alcoholics" (Robert Ackerman, 1982). Although this stage took two weeks to accomplished, it should be noted that all group members were self identified CA/COAs and many had already done a substantial amount of reading on the topic. With a group of individuals who were initially discovering that having an alcoholic parent can present problems, this stage could take longer, however the goals for these groups were met in a fairly short period of time.

Working Stage

This stage, always the longest in therapy groups, primarily involved members' continued discovery of the ways their behaviors and coping skills had been affected and determined by their past experiences, and most important, their continued efforts at achieving the goals they had set for themselves. Feedback from the group facilitators and other group members was an important component of this stage. All comments were couched in positive language, an extremely important detail since most children of alcoholics tend to be highly self critical. If an individual failed to meet a goal set for a particular time period, that person was encouraged to continue to try, at the same time also encouraged to discuss what the risks and fears might be. The positive tone of this stage appeared to increase bonding among group members as well as facilitate risk taking.

Specific techniques were used to bring about discussion in this stage. For group members who used a great deal of negative self talk, automatic thought records as described by Beck

(1976) were suggested. The student was to keep track of what the self deprecating thought was, how often and when it occurred. These records were then used in the group for suggested behavior changes such as thought stopping techniques or alternative thoughts. Students were encouraged to prepare a cassette tape on which were recorded positive statements about themselves and to listen to it several times each day. For a number of the group members a goal selected was to feel more positive about themselves and was operationalized by fewer negative thoughts and more positive thoughts each day.

A number of the participants expressed a wish to have more direct and honest discussions with parents, especially concerning events that happened in their past and persisted in troubling them. To assist participants in constructive confrontation with parents, role playing or rehearsal exercises were constructed. Students could rehearse a situation with the parent prior to the actual conversation while other students gave feedback or suggestions for effective responses. Several students were able to later have satisfying conversations with parents and to feel they had resolved some issues.

Since an important part of the working stage dealt with the accomplishment of goals, each group session began with a "check in" or "go around" in which each participant discussed how the week had gone, whether there were any pressing issues to be dealt with in that session, and what steps they had taken toward goal accomplishment. The latter usually involved feedback and encouragement from other group members as well as occasional mild confrontation to stimulate further growth. The number of weeks spent in the working period lasted from seven to ten depending on the length of time it took to accomplish the two previous stages.

Closing Stage

The last stage was geared to a summary of what had been accomplished by each person and by the group. The group facilitators summarized their perception of what had been presented and learned but the primary technique used for this stage was an individual feedback circle. Each person in turn was provided feedback by every other group member. This was usually positive in nature, but also in depth about how the individual in question had been perceived by the

others. At the conclusion of the feedback by the group, the individual had an opportunity to share what he or she personally felt had been accomplished and to give the group general feedback. This stage was given two weeks so that left over feelings or problems could be discussed. A list of resources in the university and community were provided and participants were encouraged to continue the work they had begun.

To individuals who facilitate group counseling this format may not look especially unique. In fact, by changing the focus of the information provided, the format could apply to many types of problems such as eating disorders, grief and loss, or identity development. The focus on symptomology associated with children of alcoholics however lends these groups their special flavor. It is also true that, while many universities and communities provide support groups for adult children of alcoholics, for the most part these groups are not 1) professionally facilitated, 2) do not have a systematic format utilizing known interventions, and 3) are not assessed in any way for efficacy. The present paper presents, not only a step by step description of the group process, but efficacy and evaluation measures as well.

Instrumentation

Woititz (1983) identified 13 characteristics found to be frequently true for adult children of alcoholics. These characteristics (presented in Table 1) were made into a seven point Likert type scale and administered during the first group session and again in the last group session. Table 2 shows a summary of mean and change scores for each of the four groups. Because of the small number in each group and because each group was somewhat different in the timing of the interventions the assumptions were not met for inferential statistics.

Insert Tables 1 and 2 about here

Participants in each of the 2 spring groups were also given an evaluation questionnaire to determine individual perceptions of helpfulness and also willingness to continue working on CA/ACOA issues in another group or in individual therapy.

The results indicate that all groups were successful in reducing their scores on the thirteen characteristics scale. Table 2 presents the mean score for each group and the mean change score for each group.

The spring groups participants rated the effectiveness of their groups on a scale of 1 (very helpful) to 7 (not helpful). Of the 15 participants of both groups, 14 responded to that item providing a mean rating of 5.76. Clearly the spring groups believed the treatment to be beneficial to them. Two additional items were asked; "I plan to continue in an ACOA group" and "I plan to seek additional counseling in the future." Of the 14 participants who filled out this portion of the questionnaire 85% replied that they planned to continue in an ACOA group, 15% replied that they did not. Eighty-five present stated that they planned to seek additional counseling, 7.5% stated they would not, and 7.5% stated they did not know.

Discussion

It seems apparent from these results that participants in all groups found the treatment approach used to be helpful as well as beneficial in reducing their scores on the thirteen characteristics of adult children of alcoholics scale derived from the work of Woititz (1983). From the leaders' point of view the participants all seemed ready and willing to deal with the problems they experienced as a result of growing up in an alcoholic home. Individuals, for the most part, worked on their goals, attended the group meetings regularly, and generally had no difficulty in disclosing their concerns. The participants in these groups were all students enrolled in college programs and none was doing poorly academically. In essence, these students may have been the cream of the crop. It is important to note that many students have difficulty in recognizing and disclosing the effects of an alcoholic home and many students evidence severe problems which might also effect their group participation. While the positive effects of this group approach were notable, it would be of interest to assess groups where individuals were not

as functional. It might also be of interest to ask participants to rate the effectiveness of each of the techniques used in the therapeutic approach. Long term effects might also be measured by follow up studies, certainly possible on a college campus.

The present study was considered to be a start on the formulation and assessment of programs designed to help college students who come from alcoholic homes. This program appeared to be successful in terms of the measures used, however continued research is encouraged and additional innovative programs are needed to deal with this serious problem.

Table 1

Thirteen characteristics of adult children of alcoholics.

1. I guess at what normal is.
2. I have difficulty following a project from beginning to end.
3. I lie when it would be just as easy to tell the truth.
4. I judge myself without mercy.
5. I have difficulty having fun.
6. I take myself very seriously.
7. I have difficulty with intimate relationships.
8. I constantly seek approval and affirmation.
9. I overreact to changes over which I have no control.
10. I usually feel different from other people.
11. I am super responsible or super irresponsible.
12. I am extremely loyal even in the face of evidence that the loyalty is undeserved.
13. I tend to lock myself into a course of action without giving serious consideration to alternative behaviors or possible consequences.

Table 2

Mean scores by group on the thirteen characteristics of ACOAs scale.

Group	N	$\bar{X}$ Pre-test Scores	$\bar{X}$ Post-test Scores	$\bar{X}$ Change Between Scores
fall 1.	6	47.60	38.00	11.60
fall 2.	4	57.50	39.25	18.25
spring 1	8	64.25	51.12	13.12
spring 2	7	49.71	38.80	10.80

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